

## EDITORIALS

### AMERICAN MEDICAL ASSOCIATION MEETING

The American Medical Association will hold its seventy-fourth annual convention in San Francisco, June 25 to 29. Convention diagnostic clinics will be held in hospitals accredited by the Council on Medical Education and Hospitals of the A. M. A. in San Francisco and Oakland on June 24 and 25. The California State Medical Society is the host for this meeting. This is the first time that a State Society has entertained the American Medical Association.

Committees are already at work to make this meeting of the American Medical Association one of its best. In order to do this every member of the State Society must co-operate in every way possible; in particular, they should attend the meetings, arriving in San Francisco in time for the State meeting Friday morning and staying through the following week.

### THE SHEPPARD-TOWNER LAW

In order that the attitude of the physicians of California toward the Sheppard-Towner law may be made clear, the following brief resume and analysis of that law has been carefully considered by the Council of the State Medical Society, unanimously approved and ordered published as an editorial in the February number of the Journal.

The Sheppard-Towner law has had more discussion and more has been written about it during the last year than almost any other subject before the people of our country, except the Volstead act. The literature about it is of all classes, from many sources, and considers the law from many angles. The unusual interest manifested in this law is because it happened to be the arrow that focused the attention of all people upon certain tendencies affecting the fundamentals of our government.

Opponents of the measure consider it to be paternalistic, bureaucratic, socialistic and political in its purposes and methods of operation, to an extent not yet attempted by any other legislation in our national government. They consider that it gives a bureau of the Labor Department at Washington authority to use the Federal taxes in an unequal and unfair manner; that it is class legislation that invades "states' rights" and interferes not only with the responsibilities and duties of the state government itself as provided in the Constitution, but that it adds another link in the chain of influences tending toward socialization of the home.

Proponents of the law deny some or all of these and numerous other accusations that are made against it. Practically all of the proponents consider accusations of whatever character made against the bill as of minor importance compared to the benefits they claim to believe the law provides in reducing mortality and morbidity incident to childbirth. It is a merry controversy, and we

are not likely to see the end of it for some years to come.

The provisions of the law have been refused by several States. Others, including California, must consider it during the present session of the legislature. A considerable number of States have complied with the provisions of the law. New York rejected the law and forestalled possible criticism, based upon a sentimental appeal of "save the mothers and babies," which every one recognizes, by passing a State law giving the State Board of Health funds and authority to investigate and relieve, as far as possible, the hazards of childbirth among all classes of people who are unable to secure these services on their own responsibility. Massachusetts rejected the law and has entered suit to test its constitutionality in the Supreme Court of the United States.

The Governor of California has recommended its acceptance, and the final position of this State must be determined by Governor Richardson and the legislature now in session.

### Position of the Medical Profession

The paternalistic, bureaucratic and socialistic features of this bill overshadow its medical and public health features in much of the literature and many of the discussions. Nevertheless, it has features vitally interesting to physicians, and the physicians of the country and in Congress early called attention to the dangers of the law. The position of the medical profession has been that of opposition from the introduction of the bill to the present. This opposition has been consistent and more nearly unanimous among the physicians of the entire United States than on any other question of which we have records. The American Medical Association, acting through its House of Delegates, condemned the law in a resolution reading as follows:

"Whereas, The Sheppard-Towner law is a product of political expediency and is not in the interest of the public welfare; and

"Whereas, The Sheppard-Towner law is an imported socialistic scheme unsuited to our form of government; and

"Whereas, The Sheppard-Towner law unjustly and inequitably taxes the people of some of the States for the benefit of the people of other States for purposes which are lawful charges only upon the people of the said other States; and

"Whereas, The Sheppard-Towner law does not become operative in the various States until the States themselves have passed enabling legislation. Therefore, be it

"Resolved, That the American Medical Association disapprove the Sheppard-Towner law as a type of undesirable legislation which should be discouraged."  
—(Abstract from the minutes of the seventy-third annual session of the A. M. A.)

Many other organizations of physicians have condemned it and, so far as we know, none has endorsed it. The California Medical Association, through its House of Delegates and Council, has condemned it on several occasions. The Council, in a resolution passed over a year ago, instructed the editor of the Journal to be diligent in furnishing information regarding this measure and condemning its application in California. This resolution was the Council's answer to threatening